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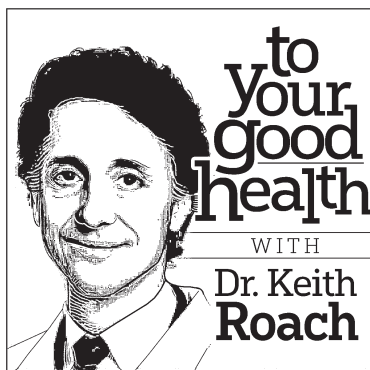
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TO YOUR GOOD HEALTH

FOR RELEASE SEPT. 14, 2026

By Dr. Keith Roach



Elder Gets Hospitalized Due to Hypercalcemia

DEAR DR. ROACH: A few years ago, at the age of 65, I was hospitalized and in critical condition with a calcium score of 14 mg/dL. After many tests, the diagnosis was hypercalcemia. After a 10-day hospital stay, I was discharged, and every test in the book was done to find the cause. All tests came back negative as to the cause, and still to this day, it isn't known what could've caused this. Any ideas? — G.V.

ANSWER: "Hypercalcemia" just means a high calcium level, and there are many causes — some of which are quite serious — including several cancers. A level of 14 mg/dL is very high. The many tests that they did makes a serious cause unlikely, and the fact that you're doing well years later confirms this.

The most common cause of high calcium is primary hyperparathyroidism, which should've been among the first tests they did. This is caused by a (usually) benign tumor in one of the parathyroid glands; there are usually four that sit on top of your thyroid gland (hence the name). Parathyroid hormone is the key regulator of calcium in the body.

I suspect that you had pseudohypercalcemia — an apparently high calcium level that is actually normal. This is caused by the abnormal protein binding of calcium, which, in turn, can be caused by abnormal protein levels in the blood. Some of these abnormal protein levels include high albumin (found with dehydration) and high immunoglobulin proteins (found with multiple myeloma). Again, since your tests are all normal now, a serious condition is very unlikely.

The classic cause of pseudohypercalcemia is leaving the tourniquet on too long when drawing blood. As the blood gets more acid from the muscles, calci-

um gets unbound from albumin, leading to an artifactually high number. This can be easily confirmed by measuring ionized calcium.

DEAR DR. ROACH: I'm very nervous to take any prescriptions with black-box warnings. My urine tested positive for *Pseudomonas aeruginosa*. My doctor prescribed 500 mg of Cipro. Everything I read says how terrible the side effects are and how they can be delayed or show up later on in the future.

After more research, I see that water pills (I take hydrochlorothiazide) aren't necessarily safe to take with Cipro, as it can cause additional kidney strain due to your electrolytes being off. I'm not a doctor, but not much is sitting well with me.

Would you please be so kind as to share your thoughts for alternatives that would be safer to take so that I can share them with my doctor? — L.W.

ANSWER: *Pseudomonas aeruginosa* are a dangerous bacteria, partially because of their extensive resistance to antibiotics. In fact, quinolones such as ciprofloxacin (Cipro) are the only reliable oral antibiotics to treat *Pseudomonas*. While I agree with you that quinolones are risky drugs that should only be used in limited circumstances, your only other option to treat your infection is an intravenous antibiotic.

Ciprofloxacin has several potential toxicities. I've seen hallucinations with this drug start after hours. Many people know that ciprofloxacin in particular can increase the risk of tendon ruptures. There may also be an increased risk of aortic aneurysms. However, the major risk is while the person's taking the medication, and the long-term risk after taking a week of antibiotics is quite low.

Before starting treatment, it's important to be sure that the urine is actually infected with, rather than colonized by, *Pseudomonas*. The presence of symptoms is critical when considering treatment.

Dr. Roach regrets that he is unable to answer individual questions, but will incorporate them in the column whenever possible. Readers may email questions to ToYourGoodHealth@med.cornell.edu.

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